



Title:

DATE VOUCHER PREPARED:
(mm-dd-yyyy)

- Name (Last, First, MI) _____
- SSN _____
- Bank Name _____
- Routing No. (ABA) _____
- Account No. _____
- Account Type ☐ (Savings) or ☐ (Checking)
- Home Phone No. _____

JOB NUMBER:

Phone Number

PAID BY: CHECK NO. _____ DATED (mm-dd-yyyy) _____
ON (Name of Bank)

Page 1 of 3



U. S. Department of State

PUBLIC VOUCHER FOR LANGUAGE SERVICES

VOUCHER NO. _____

Title: <input type="checkbox"/> Conference Interpreter <input type="checkbox"/> Seminar Interpreter <input type="checkbox"/> Consecutive Interpreter <input type="checkbox"/> ELO/COURT <input type="checkbox"/> Testing & Screening <input type="checkbox"/> Translating Services <input type="checkbox"/> Reviewer/Typist/Others	Payee's Name and Bank Info. NOTE: Submit all Address/Banking Info changes with voucher. Name <i>(Last, First, MI)</i> _____ SSN _____ Bank Name _____ Routing No. <i>(ABA)</i> _____ Account No. _____ Account Type <input type="checkbox"/> (Savings) or <input type="checkbox"/> (Checking) Home Phone No. _____	DATE VOUCHER PREPARED: <i>(mm-dd-yyyy)</i> _____ CONTRACT NUMBER (BOA): _____ JOB NUMBER: _____
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PERIOD OF SERVICE <i>(mm-dd-yyyy)</i>		NATURE OF SERVICES OR ARTICLES <i>(Enter description and other information)</i>	NUMBER OF DAYS OR WORDS	UNIT PRICE		AMOUNT (Dollars and Cents)
FROM	TO			COST	PER	

FOR INTERPRETERS ONLY:

Please specify Agency or Program for which work was performed _____

I certify that the above charges are correct to the best of my knowledge; that I have not received payment or credit for them; that the services were rendered as stated, solely by the undersigned, and in accordance with the highest professional standards.

Payee's Signature**TOTAL:**PAYMENT: *(Check One)*☐ Final ☐ Partial ☐ of ☐***Payment due within 30 days*****Payee must NOT use the space below**Date Goods/Services Received/Accepted *(mm-dd-yyyy)* _____

I certify this account is correct and proper for payment.

Office of Language Services
SA-1, 14th Floor
2401 E Street, NW
Washington, DC 20522_____
Signature of Authorizing/Receiving Official_____
Printed Name of Receiving Official_____
Phone Number**ACCOUNTING CLASSIFICATION**PAID BY: CHECK NO. _____ DATED *(mm-dd-yyyy)* _____
ON *(Name of Bank)* _____**PRIVACY ACT STATEMENT**

This information requested on this form is required under the provisions of 31 U.S.C. 82b AND 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amount to be paid. Failure to furnish this information will hinder discharge of the payment obligation.



U. S. Department of State

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